

OUT-OF-STATE APPLICATION INSTRUCTIONS

INTRODUCTION

Your certification is a personal property right, and as such, may be removed through “due process” for violations of the Uniform Disciplinary Act (UDA), RCW 18.130. When you are applying for certification, it is critical that you complete the application yourself, and that you answer all questions accurately. Please do not copy or modify the application form, including the Part D Confidential form. An altered, incomplete, or incorrectly completed application cannot be processed and will delay your possible certification.

STEP 1: APPROVAL OF YOUR EDUCATION

Review the Reciprocity Requirements memorandum to ensure you qualify for reciprocal certification to Washington State. Mail your training documentation to the Office of Emergency Medical Services and Trauma System (OEMSTS), Licensing and Certification Section. The address is listed on Page 2 of the application. Once your training has been reviewed and approved, you will be notified of the results. **NOTE:** Your training must first be approved by the OEMSTS before you can take the Washington State written certification examination.

STEP 2: WRITTEN EXAMINATION

After your training is approved, contact your EMS supervisor or county coordinator to schedule the Washington State written exam. Please call OEMSTS if you need contact information for the county coordinator in the area you intend to work/volunteer. You have a total of three (3) attempts to pass the written examination within a six-month period. Results of the examination take 7 to 10 working days to process. You will be notified by mail of the results of the exam, either by certification (once all requirements have been met), or notification of failure of the exam.

STEP 3: PAGES 1 AND 2 OF THE APPLICATION

Please complete the top portion of Page 1 of the application, and then proceed to Part A through C. **Please note that collection of your Social Security Number is required (42 USC 666 and Chapter 26.23 RCW). This is for our internal use only.**

Part 'A'

1. Circle the level of certification you are requesting at this time. **(Choose only one.)**
2. Choose **either** PAID or VOLUNTEER to indicate your primary status with the EMS agency you will be associated with.

Part 'B'

Answer questions #1 through #6.

Part 'C'

Please provide all information regarding your licensed EMS agency. Active association with a Washington State licensed EMS agency is **required** for certification. Your application cannot be processed without agency association.

STEP 4: SUPERVISOR STATEMENT

Your EMS agency supervisor must complete this portion of your application. **NOTE:** You cannot sign for yourself as supervisor. Please have your supervisor sign and date the application.

(continued on back page)

STEP 5: MEDICAL PROGRAM DIRECTOR (MPD) STATEMENT

Follow the instructions from your local EMS coordinator or EMS agency supervisor to obtain your MPD's signature and date. Your application is not complete until it is signed and dated by the MPD recommending you for certification.

STEP 6: APPLICANT STATEMENT

You must sign your application attesting to the accuracy of the information you have provided. Your application is not complete if you have not ***signed and dated*** your application. **NOTE: Pages 1 and 2 of the application are good for a period of one year from the date the applicant signs the form.**

STEP 7: PART D

Part 'D' is a series of confidential questions asked of **all** applicants, and is required by the UDA. Your responses help us ensure public safety and provide consistency with other health care professions. Detach the Part 'D' and return it to the OEMSTS Licensing and Certification Section (address listed at the bottom of Page 4.) **NOTE: Part D, pages 3 and 4 of the application are good for a period of 6 months from the date the applicant signs the form.**

STEP 8: CONFIRMATION FORM

Please read the form and complete the top portion, and then send to all state(s) for all current EMS certifications or licenses held.

Office of Emergency Medical Services and Trauma System website: www.doh.wa.gov/hsga/emtp/

EXAMPLES OF WHY AN APPLICATION MAY BE DELAYED OR NOT PROCESSED:

- 1) Incomplete application and/or Part D (i.e., no agency supervisor or MPD signature, Social Security Number not given, question unanswered).
- 2) No Part D received.
- 3) Signatures of the agency supervisor, MPD, and applicant are not original signatures.
- 4) Application and/or Part D submitted is an out-dated version.
- 5) Copy of current photo identification has not been received, or all information on the copy is not clear, including the photograph.
- 6) It has been more than one year since the applicant signed and dated pages 1 and 2 of the application form.
- 7) It has been more than 6 months since the applicant signed and dated Part D, pages 3 and 4 of the application form.

Please follow these instructions closely. If you have any questions, please contact the Licensing and Certification Section (contact information is on Page 2 of the application). Rev 10/03